## BEST AVAILABLE COPY (5

Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

.,		CLAIMS AS	SMALL	ENTITY		OTHER	THAN			
			(Column 1)		(Column 2)			OR	SMALL	ENTITY
FOR		NUMBE	R FILED	NUMBER	EXTRA	RATE	FEE		RATE	FEE
BASIC FEE							380.00	OR		760.00
TC	TAL CLAIMS	3	5 minus 2	20= * 3		X\$ 9=		OR	X\$18=	54
			minus	3 = *		X39=		OR	X78=	7
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	81.4
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						SMALL	OTHER THAN OR SMALL ENTITY			
		CLAIMS	F6345752	HIGHEST	(Column 3)		ADDI-	J		ADDI-
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	* 23	Minus	*20	=3	X\$ 9=		OR	X\$18=	54,02
AME	Independent	* 7	Minus	PENDENT CLAIM	=	X39=		OR	X78=	
	THOTTKEOL	INTANON OF IM	Jenn de Den			+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	8140
		(Column 1)		(Column 2)	(Column 3)	ADDII. FEE			ADDII. I EE	
_		CLAIMS		HIGHEST			ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***	=	X39=		OR	X78=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									
						+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
၁		CLAIMS		HIGHEST			ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE.	TIONAL FEE		RATE	TIONAL FEE
<b>AMENDMENT</b>	Total	*	Minus	##	=	X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	***	=	X39=		ΩB	X78=	
_	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT CLAIM				OR		
			_			+130=		OR	+260=	
				mn 2, write "0" in col S SPACE is less tha		TOTAL		OR	TOTAL	
						ADDIT FEE!		•••	ADDIT FEEL	
**	tf the "Highest Nur	mber Previously Pa	aid For" IN THI	S SPACE is less that Independent) is the	n 3, enter "3."	ADDIT. I EL	propriate box		ADDIT. FEE umn 1.	